PLAN FOR CULTURAL AND LINGUISTIC COMPETENCE IN BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

2013-2014

Virginia Department of Behavioral Health and Developmental Services

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Introduction

The main message of Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General is that culture and language matter:

> *"The cultures of racial and ethnic minorities influence many aspects of mental illness, including how [people] from a given culture communicate and manifest their symptoms, their style of coping, their family and community supports, and their willingness to seek treatment. Likewise, the cultures of the clinician and the service system influence diagnosis, treatment, and service delivery. Cultural and social influences are not the only determinants of mental illness and patterns of service use, but they do play important roles. Cultural differences must be accounted for to ensure that minorities, like all Americans, receive mental health care tailored to their needs."*

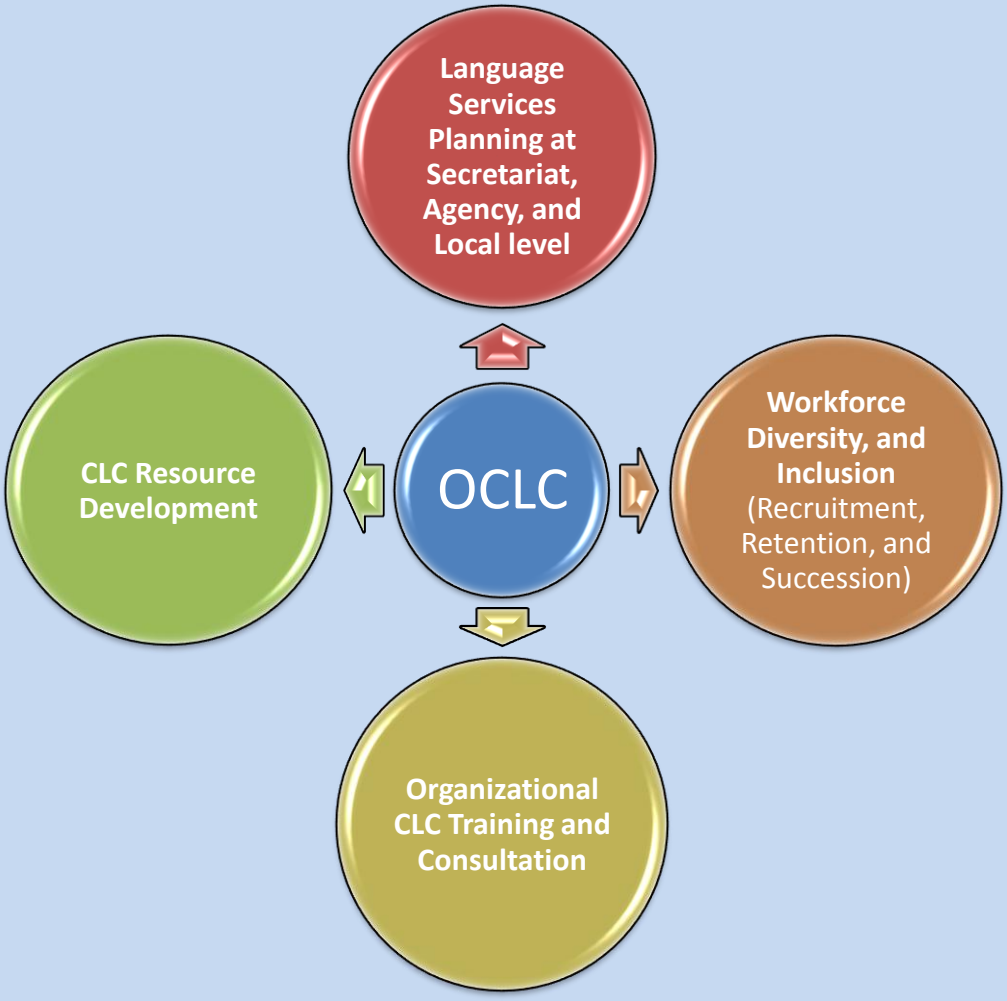
The growing diversity of the nation and the greater awareness of the role of culture in effective behavioral health and developmental disability service delivery are stimulating the need for strategic planning to promote and advance cultural and linguistic competence at the state level.

However, the implementation of meaningful system change is a challenging process because of the complexity of the task, attitudinal resistance, and limited resources. The promotion and advancement of cultural and linguistic competence requires a transformation of the system that is long term and developmental. A number of states and territorial mental health, substance abuse, and developmental disability services agencies have established dedicated positions or personnel to promote and advance appropriate services for the multicultural populations. In response to this challenge, DBHDS established the Office of Cultural & Linguistic Competence (OCLC) in 2008 to lead efforts in the provision of improved services to diverse and multicultural consumers and works toward eliminating the disparities within the state's behavioral health and developmental services system.

The DBHDS vision for culturally competent care is:

- Care that is given with understanding of and respect for the consumer's health-related beliefs and cultural values
- Staff that respect health related beliefs, interpersonal styles, and attitudes and behaviors of the consumers, families, and communities they serve
- Administrative, management and clinical operations that include routine assessments and implementation of processes which result in a workforce that is culturally and linguistically competent and a system that provides the highest quality of care to all communities

To effectively leverage limited resources, the OCLC has four focus areas for 2013-2014. Goals and activities will be developed within these four focus areas.



Population Assessment

General Demographics

Racially, ethnically, and linguistically diverse populations in Virginia have increased significantly over the past ten years. The 2010 Census data reflects this increasing diversity. More than 1.5 million Virginia residents reported themselves to be black or African American, accounting for nearly 20 percent of the total population. This segment remains the largest minority group in Virginia.

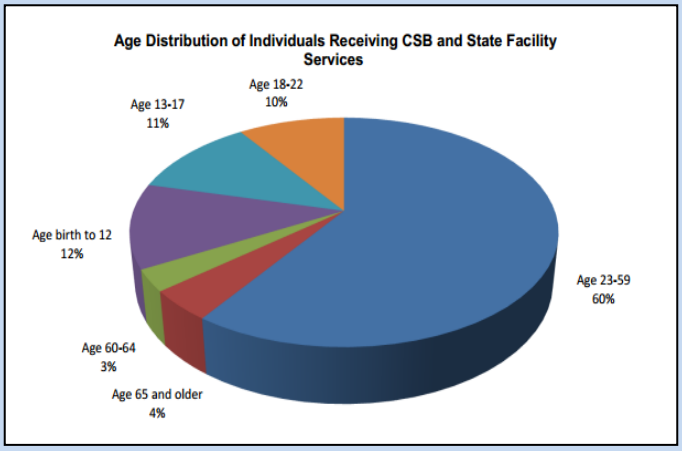
Just over 630,000 residents or 7.9 percent of the Virginia population reported themselves to be Hispanic. This is a 92 percent increase since 2000. This is also a young population with half of this segment is made up of individuals under age 19.

Additionally, almost 440,000 Virginia residents or 5.5 percent of the Virginia population are Asian. This is a 69 percent increase since 2000. More than 233,000 Virginia residents, or 2.9 percent of the population, reported that they belong to two or more of the six race categories counted in the census: white; black or African-American; American Indian and Alaska native; Asian; Native Hawaiian and other Pacific Islander; or some other race. (DBHDS. Pg. 11)

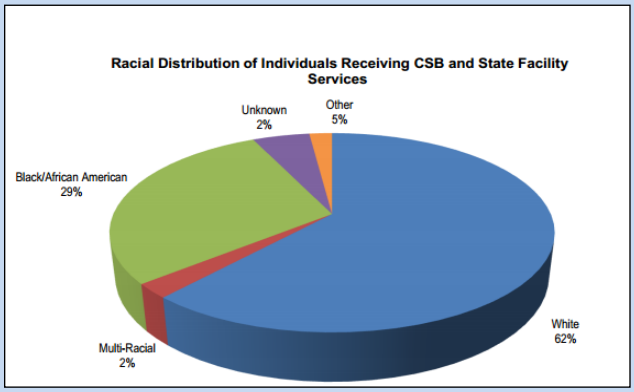
According to the National Institute on Deafness and Other Communication Disorders, approximately 17% of adults in the United States report that they have a hearing loss (NIDCD, 2010). The Centers for Disease Control and Prevention's most recent national health interview survey similarly concluded that "16% of adults aged 18 years and over experienced some hearing difficulty without a hearing aid" (Schiller, Lucas, Ward, & Peregoy, 2011, p. 23). Among children 6 to 19 years of age, a "total of 14.9% of children had low-frequency or high-frequency hearing loss of at least 16-dB hearing level" in one or both ears. (Lanier, et. al. pg. 11.)

System demographics

The racial diversity of the population served by the state's community services boards (CSB) is greater than that of the state facilities, with 7.4 percent of the population served by CSBs classified as Other Racial or Multi-Racial compared to 2.5 percent of individuals served in state facilities. The number and percentage of individuals served who are identified as being of Hispanic origin is higher in the community; with CSBs serving 10,838 (5.5 percent) individuals and the facilities serving 162 (2.6 percent) individuals. According to the 2010 Census, 7.9 percent of Virginia's population is of Hispanic origin. A vast majority of the population served by the CSB and state facility system are between the ages of 23-59. (DBHDS. Pg. 15)



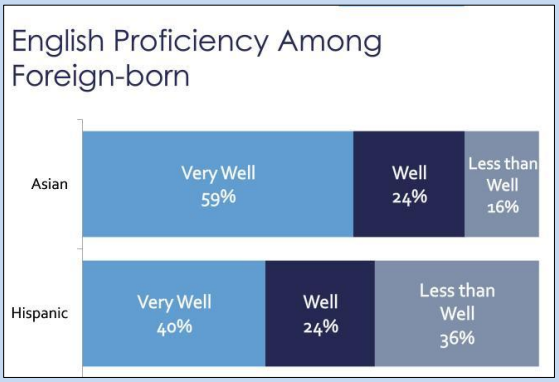
DBHDS Comprehensive State Plan Dec. 2011.



** The Other category above includes American Indian, Alaskan Native, and Other Racial categories*
DBHDS Comprehensive State Plan Dec. 2011.

Languages spoken

DBHDS defines linguistic competence as the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. In 2008, 2.8 percent of all Virginia households had limited linguistic competence in English. In these households, all persons age 14 and over were linguistically isolated, with 24.5 percent speaking Spanish, 10.8 percent speaking other IndoEuropean languages, 23.8 percent speaking Asian or Pacific Island languages, and 15.5 percent speaking other languages. (DBHDS. Pg. 12) The five most common languages in the Commonwealth are Spanish, Korean, Chinese, Vietnamese, and Tagalog. The English proficiency of these populations is varied as outlined in the chart to the right. Throughout the Commonwealth, over 100 languages are spoken in the home. (Cai, pg. 15)



Weldon Cooper Center for Public Services

In summary, Virginia's population is growing, but that growth is highly uneven across communities with major metropolitan areas gaining in numbers and rural areas decreasing in size. Future populations are becoming increasingly diverse and bilingual or multilingual.

Plan Evaluation and Reporting

The Director of the OCLC shall provide a year-end progress report to the Commissioner of DBHDS and the Cultural and Linguistic Competency Steering Committee (CLC SC). The biennial report will include an evaluation of the outcomes and a narrative of the accomplishments and challenges in the implementation of the plan.

Action Planning

Focus area one- Language Services Planning

Goal	Objectives	Timeframe	Implementation Action Steps
Increase the number and quality of language access services in mental health and developmental disability services	1. Provide alternative methods to provide training and consultation on language planning and services	1a. Develop two alternative methods to share information by June 2014.	1a. Utilize subcommittees of the CLC Steering Committee to explore options for webinars, videos, and written material.
	2. Identify opportunities to engage organizations in language audits	2a. Identify the best method for offering language assessments in facilities and CSBs. 2b. Engage two organizations in a language audit process to identify strengths and weaknesses by 2014.	2a. Share technical assistance opportunity with CLC Steering Committee to identify initial interest. 2b. Determine whether peer audit team made up of stakeholder content experts would be feasible.
	3. Develop mechanism (process) for annual review of preferred language data element in the Community Consumer Submission 3 (CCS3) statewide services database.	3a. Recommendations to be completed by June 2014.	4a. Performance Management Subcommittee will explore the best method for routine collection and analysis of the preferred language element.

	4. Partner with USHHS Office of Civil Rights and six areas to provide daylong technical assistance training	4a. Three trainings will be held in 2013 and three trainings will be held in 2014. 2013 trainings will be held in Central Virginia, Hampton, and Northern Virginia. 4b. 2014 trainings will be held in Southside, Southwest, and Shenandoah Virginia.	4a. Identify regional leadership willing to develop the training day in their area. 4b. Continue to support the development of this training at the state level.
	5. Provide six Qualified Bilingual Staff Interpreter Training Programs in five areas of the state in an effort to leverage the bilingual resources existing in organizations.	5a. Three three-day trainings will be held in 2013 in Northern Virginia and Harrisonburg and four three-day trainings will be held in 2014 in Hampton, Roanoke, Central Virginia, and Northern Virginia.	5a. Identify additional trainers who can be qualified to teach the QBS course. 5b. Partner with local agencies who would like to offer this course to their staff. 5c. Continue to fund the language proficiency test as a part of the training.

Focus area two- Workforce Diversity and Inclusion

Goal	Action Steps	Timeframe	Implementation
Increase the number of organizations who develop diversity and inclusion initiatives designed to increase the cultural and linguistic	1. Encourage organizations to develop HR policy on CLC competencies and language proficiency.	1a. Develop sample policies for distribution to HR entities to be completed by Nov. 2013.	1a. CLC SC Policy workgroup will explore best practices for this activity and develop a policy brief for distribution.

competences of system providers.	2. Create promotional material related to the benefits of Strategic D&I in BHDS. 3. Develop Diversity and Inclusion (D&I) training to share with interested parties in the system. 4. Identify measures for evaluating D&I in a BHDS organization for application to our settings.	1a. Material to be created by September 2013. 2a. This is to be completed by Jan. 2013. 2b. Provide D&I training to four organizations by 2014. 4a. Create measurement template for use in HR entities to be completed by Feb. 2014.	1a. OCLC with support from HR experts in CLC SC will coordinate this effort. 2a. Provide training and consultation to VACSB HR Subcommittee and identify other interested parties. 4a. CLC SC Data Management subcommittee will explore best practices and develop an informational FAQ for distribution.

Focus area three- Organizational Cultural Competence Training and Consultation

Goal	Action Steps	Timeframe	Implementation
Increase the number of system organizations who are beginning or advancing organizational cultural competence planning.	1. Identify methods to train leaders and middle management on CLC and CLC planning.	1a. Sustained focus over 2013-2014	1a. Identify existing leadership groups and committees that are amenable to supporting and developing goals around organizational CLC 1b. Develop marketing tools that target leadership and middle management. 1c. Identify regional or statewide training opportunities that target leadership and middle management

	2. Create speakers bureau listing to expand the pool of training and consultation resources that can be tapped to provide expertise across the Commonwealth	2a. Bureau listing and guidelines to be posted on DBHDS website by Jan. 2014	2a. Create interest form and speaker guidelines to identify interested participants 2b. Using predetermined criteria- identify speakers who are able to provide training on CLC. 2c. Creating speaker listing and guidelines for distribution.
	3. Provide regional training events on CLC in Systems of Care- children's mental health services	3a. Five regional training days to be held from March to August 2013.	3a. Work in partnership with the Office of Child & Family Services to provide technical training under the Systems of Care Expansion Grant.
	4. Offer CLC Train-the-Trainer program for training and development staff in the system	4a. One three-day training will be offered to twenty-five participants by December 2013.	4a. Nationally recognized training curriculum has been identified. Plans are being put in place to bring this training to Richmond. Funds have been budgeted for this training through the refugee mental health grant.

Focus area four- Cultural and Linguistic Competence Resource Development

Goal	Action Steps	Timeframe	Implementation
Increase the number of activities and resources that engage	1. Develop companion material to be included with DOJ settlement guidance for	1a. Material to be completed by December 2013. 1b. Marketing and promotion activities	1a. CLC Community Engagement Subcommittee to spearhead the development of this

communities and allow providers to advance culturally and linguistically appropriate services in the Commonwealth	community based care. 2. Continue to sponsor the National Minority Mental Health Awareness Month Media Contest. 3. Development of Standardized CLAS training materials for use by BHDS trainers, reflecting the basic CLAS concepts and the revised standards and expectations. 4. Publish planning document related to access and outcomes for refugees seeking mental health services in the Commonwealth	to begin by December 2013 2a. Media Contest to be held in 2013 and 2014. 3a. Standardized PowerPoint and facilitators guide to be developed by August 2013. 4a. Hire short term staff to develop conduct a research project to identify barriers to access and positive outcomes for refugees in areas where refugees are resettled. Hiring completed by Jan. 2013. 4b. Research methodology finalized by Feb. 2013.	material with support from OCLC and the Office of Developmental Services. 2a. CLC Community Engagement Subcommittee will continue to lead this event with support from the larger committee, OCLC, and the Office of Behavioral Health. 3a. OCLC Director will work with CLC SC Training Subcommittee to package material for distribution to CSBs and private providers. 4a. Research Analyst to work with CLC SC members in regions where refugees are resettled to identify staff and individuals who are willing to provide information for project. 4b. Research Analyst will conduct research and prepare material for review by identified

		4c. Focus groups and interviews to be conducted from Mar. to May 2013. 4d. Final analysis and draft document completed by June 2013. 4e. Final document ready for distribution by Aug. 2013.	stakeholders. CSBs, DSS, VDH, DBHDS, Resettlement Ags, etc.
	5. Develop resource material for CLC in the health reform as it relates to our system for distribution to providers.	5a. Develop FAQ specific to our system and the requirements around CLC in healthcare reform by Dec. 2013.	5a. CLC SC Policy Subcommittee will develop user-friendly brief on how organizations in our system shall incorporate culturally competent practices into service delivery.
	6. Continue to support the Annual Building Bridges Conference for addressing developmental disabilities in racially, ethnically, and linguistically diverse communities.	6a. Annual Conferences will be held in the fall of 2013 and 2014.	6a. This event is done in partnership with Henrico Area Mental Health and Developmental Services, VCU's Partnership for People with Disabilities, The Virginia Board for People with Disabilities, DBHDS Office of Developmental Disabilities, and the Office of Cultural and Linguistic Competence, and

			the CLC SC. Planning and funding will be done through this partnership.

References

- Cia, Qian. *Virginia's Diverse Population- Center for American Progress.* Weldon Cooper Center on Public Service. 2011.
- Comprehensive State Plan. Virginia Department of Behavioral Health and Developmental Services. December 2011.
- Lanier, R.L., Nunnally, M., Talley, G.W., Baker, K., Reid, C, & Spiers, E. Assessment of the Needs of Virginians who are Deaf, Hard of Hearing, Late Deafened, and DeafBlind. Richmond, VA: Statewide Interagency Team Serving Virginians who are Deaf, Hard of Hearing, Late Deafened and DeafBlind. 2012.
- Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General. 2001
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). Office of Minority Health. US Department of Health and Human Services. 2010.